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Infographic: Equity Opportunities: Income: need for dental care among third grade students in North Dakota

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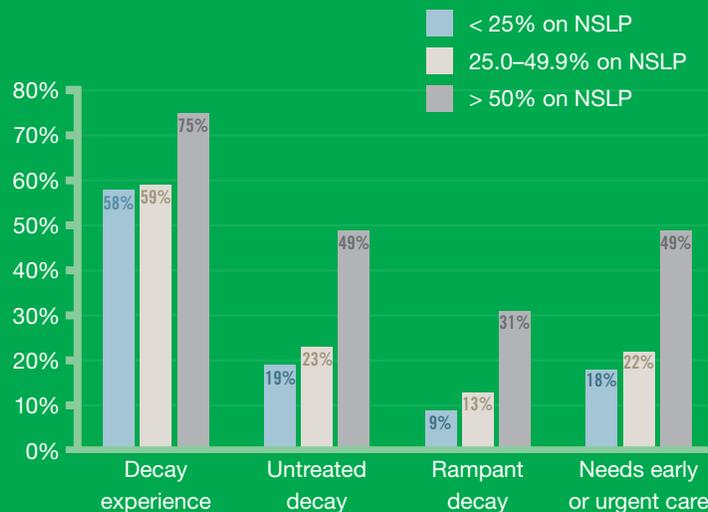
EQUITY OPPORTUNITIES: NEED FOR DENTAL CARE AMONG THIRD GRADE STUDENTS IN NORTH DAKOTA

Household Income

We have third grade students in North Dakota whose dental care needs are not being met. Programs, providers, and initiatives need to focus on providing equal access to preventive dental care supplies and educational resources to support good dental hygiene.

Children attending schools where more than 50% of the students are eligible for the national school lunch program (NSLP) have a significantly higher need for early or urgent dental care and a higher rate of rampant decay compared to those attending schools with less than 50% of students eligible for the NSLP.

Dental Concerns

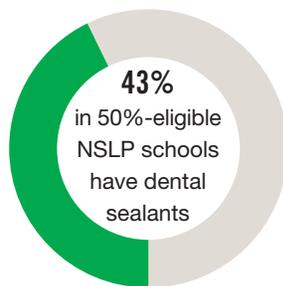
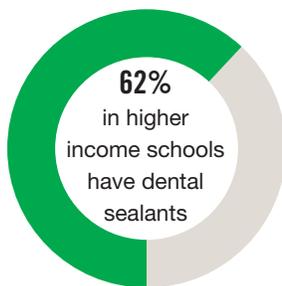


Decay experience refers to students who had untreated decay (cavity), a dental filling, a crown, or teeth that were extracted because of tooth decay.

Untreated decay describes dental cavities or tooth decay that have not received treatment.

Rampant decay refers to having untreated or treated decay on seven or more teeth.

Early or Urgent care is needing care as soon as possible to address symptoms including pain, swelling, or infection (urgent) or needing care for decay or a dental problem before the next regular appointment (early).



In higher income schools, where less than 25% of students are eligible for the NSLP, **62% of the students** had a protective dental sealant on at least one molar compared to only **43% of students** in schools where more than 50% of the students are eligible for the NSLP.

Dental sealants are plastic-like coatings applied to the chewing surfaces of back teeth. The applied sealant resin bonds into the grooves of teeth to form a protective physical barrier and prevents tooth decay (cavities).

These data represent 1,769 third grade children in North Dakota who received a dental screening at 41 schools randomly selected during the 2021-2022 school year. This work was completed in cooperation with the State Oral Health Program. The content is the sole responsibility of the author and does not necessarily represent the official views of the State Department of Health & Human Services.

Additional State oral health data are available at hhs.nd.gov/health/oral-health-program

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